

United States Bankruptcy Court
Eastern District of Tennessee

In re Janice Lynne Davis

Debtor(s)

Case No. 3:16-bk-33409Chapter 7

STATEMENT REGARDING PAYMENT ADVICES OR OTHER EVIDENCE OF PAYMENT

CERTIFICATION OF DEBTOR

I hereby certify under penalty of perjury that

- attached hereto are copies of all payment advices or other evidence of payment [such as paycheck stubs, direct deposit advices, statements of payment, etc.] that I have received from an employer within 60 days before the date of the filing of the petition, with all but the last four digits of the debtor's social security number redacted,*

or

- I did not receive any such documents from an employer within 60 days before the date of the filing of the petition.
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CERTIFICATION OF JOINT DEBTOR

I hereby certify under penalty of perjury that

- attached hereto are copies of all payment advices or other evidence of payment [such as paycheck stubs, direct deposit advices, statements of payment, etc.] that I have received from an employer within 60 days before the date of the filing of the petition, with all but the last four digits of the debtor's social security number redacted,*

or

- I did not receive any such documents from an employer within 60 days before the date of the filing of the petition.

/s/ Janice Lynne Davis

[SIGNATURE OF DEBTOR]

Date: November 16, 2016

[SIGNATURE OF JOINT DEBTOR]

Date: _____

* Other evidence of payment may consist of the debtor's most recent paycheck stub showing year-to-date earnings if the debtor has worked the same job the last 60 days before the date of the filing of the petition.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

BAL CAMP DENTAL LABORATORIES TIMOTHY J. MATHIS						
Employee	SSN			Status (Fed/State)		
Jance L Davis, 1477 E 1800 Road, Seymour, IN 37855						
Earnings and Hours	Hours	Rate	Current	YTD Amount	Pay Period	10/11/2016 - 10/25/2016
Hourly Regular Rate	5.30	2.00	6.8000	3,357.00	FICA 5.45% YTD 177.53	
Vacation Hourly Rate	24.00	2.00	288.00	384.00	FED 0.5% YTD 1.92	
Taxes	75.30		906.00	3,735.00	2016	
Medicare Employee Add Tax			0.00		Per Diem 4/2/2016	
Federal Withholding			103.00	-40.00	10/27/2016	
Social Security Employee			-56.12	23.57	10/27/2016	
Medicare Employee			-13.14	-5.41	10/27/2016	
Net Pay			-172.31	-69.47	10/27/2016	
Paid Time Off	Earned	YTD Used	3,040.27		10/27/2016	
Vacation	0.00	32.00	-32.00		10/27/2016	

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